Case 15-19344 Doo	7 Filed 06/02	/15 Entered	06/02/15 16:02:08	Desc Main
Fill in this information to identify	your case:	nt Page 1	of 1	
Debtor 1 Bianca	S	Flowers	Control of Ministers	
First Name	Middle Name	Last Name	•	
Debtor 2		301	h	
(Spouse, if filing) First Name	Middle Name	Last Nam	ne	
United States Bankruptcy Court for th	e: NORTHERN DIST	RICT OF ILLINOIS	S	
Case number (if known)				Check if this is an amended filing
Official Form B 3A				
Application for Individuals to	Pay the Filing	Fee in Instal	lments	12/14
Be as complete and accurate as possisupplying correct information.			ogether, both are equally	responsible for
Part 1: Specify Your Proposed	Payment Timetab	le		
1. Which chapter of the Bankruptcy you choosing to file under?		Chapter 7 Chapter 11 Chapter 12 Chapter 13		
<ol> <li>You may apply to pay the filing fer four installments. Fill in the amou propose to pay and the dates you pay them. Be sure all dates are b days. Then add the payments you to pay.</li> </ol>	nts you <u>Yo</u> plan to usiness	u propose to pay	<ul><li>☐ With the filing of the p</li><li>☑ On or before this date</li></ul>	<u>06/09/2015</u> MM / DD / YYYY
You must propose to pay the entire a later than 120 days after you file this bankruptcy case. If the court approvapplication, the court will set your fin payment timetable.	ves your		On or before this date	MM / DD / YYYY
				MM / DD / YYYY
	Total	\$310.00	< Your total must equal to chapter you checked in line	
Part 2: Sign Below				
By signing here, you state that you are and that you understand that:	e unable to pay the f	full filing fee at on	ce, that you want to pay t	he fee in installments,
You must pay your entire filing fee bankruptcy petition preparer, or an				to an attorney,
You must pay the entire fee no late deadline. Your debts will not be di			nkruptcy, unless the court la	iter extends your
If you do not make any payment w bankruptcy proceedings may be at		nkruptcy case may	be dismissed, and your righ	nts in other
BIAMAR HAMBIR			V	A
Signature of Debtor 1	Signature of De	ebtor 2		ns & Associates name and signature, if
Date	Date:		Date:	
Date: MM / DD / YYYY	Date: MM / DD	/ YYYY	MM / DD	/ YYYY